

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on June 21, 2004. Per Rule 133.307(d)(1), date of 6/18/03 is untimely filed and not eligible for review.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that manipulation (97261), therapeutic activities (97530), therapeutic exercises (97110), office visits (99213), and chiropractic manipulation (98942 and 98941) for dates of service 06/25/03 through 01/21/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 22, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- CPT Code 99080-73 for dates of service 08/21/03, 09/18/03, 10/02/03, 10/30/03, 11/26/03, and 12/11/03. Review of the requestor's and respondent's documentation revealed that neither party submitted copies of EOB's. In accordance with Rule 133.307(e)(2)(A) the HCFA-1500s were not submitted with the dispute and Medical Review Division is unable to confirm the services were rendered as billed. Reimbursement is not recommended.
- CPT Code 99080-73 for date of service 11/13/03 denied as "F". In accordance with Rule 133.307(e)(2)(A) the requestor did not submit HCFA 1500s to support service was rendered as billed. Reimbursement is not recommended.
- CPT Code 99080-73 for date of service 01/06/04. The carrier denied this code with a U for unnecessary medical treatment; however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. In accordance with Rule 133.307(e)(2)(A) the requestor did not submit a HCFA-1500 to support service was rendered as billed. Reimbursement is not recommended.
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- CPT Code 99358 for date of service 12/02/03 denied as "F". Per Rule 134.202(b) Texas Workers' Compensation system participants shall apply the Medicare program reimbursement including its coding, billing and reporting payment policies in effect for the disputed date of service. In Encoder.pro the description of this code is defined as "prolonged evaluation and management service before and/or after direct (face-to-face) patient care". The requestor did not submit a HCFA-1500 to support services were rendered as billed; therefore, reimbursement is not recommended.

This Decision is hereby issued this 30th day of September 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO Decision

August 23, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3590-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was working repairing bathtubs when she slipped and fell into a tub injuring her spine, arm and leg on ____.

DISPUTED SERVICES

Under dispute is the medical necessity of manipulation, therapeutic activities, therapeutic exercises, office visits and chiropractic manipulation from 6/25/03 through 1/21/04.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This voluminous file was full of charts of disputed services, EOB's, FCE's, PDC's, MRI's, TWCC 73's and volumes of dispute letters, IME's & DDE reports & Psychiatric evaluations. This dispute involved the above-mentioned services, particularly the medical necessity of manipulation, therapeutic activities, therapeutic exercises, office visits and chiropractic manipulations. In the hundreds of pages reviewed there was not one daily progress note documenting any of these treatments for any date whatsoever. These are commonly referred to as SOAP or Progress Notes. It is imperative to see the daily notes in order to assess medical necessity for these services. These notes would entail the patient's subjective daily complaints, the objective information observed and gathered by the doctor, the assessment of the patient's condition on that day, possibly including a pain rating, and the planned treatment. These notes would document what activities were performed on each day the patient was in the clinic. As mentioned above, there was not one single treatment note included in this file and therefore medical necessity cannot be substantiated.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director